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| COMBINED NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES & PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a) (Small Entity) | | | | | | Docket No. INR-0061 |
| In Re Application Of: Shikhman et al. | | | | | | |
| Application No. 10/037,899 | Filing Date 10/22/01 | Examiner Jessica Baxter | Customer No. 23413 | Group Art Unit 3731 | Confirmation No. 6867 | |
| Invention: CRIMPING AND CUTTING DEVICE | | | | | | RECEIVED CENTRAL FAX CENTER MAR 16 2005 |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | | | |
| <p>This is a combined Notice of Appeal from the Primary Examiner to the Board of Patent Appeals and Interferences and petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>9/17/04</u> <i>Date</i> in the above-identified application.</p> | | | | | | |
| <p>Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated <u>9/17/04</u> finally rejecting Claim(s) 1-14 AND 55-59</p> | | | | | | |
| <p>Applicant(s) hereby request(s) an extension of time of (check desired time period):</p> | | | | | | |
| <input type="checkbox"/> One month <input type="checkbox"/> Two months <input checked="" type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months | | | | | | |
| from: <u>12/17/04</u> <i>Date</i> | | until: <u>3/17/05</u> <i>Date</i> | | | | |
| <p>The fee for the Notice of Appeal and Extension of Time has been calculated as shown below:</p> | | | | | | |
| Fee for Notice of Appeal: <u>\$250.00</u> | | | | | | |
| Fee for Extension of Time: <u>\$510.00</u> | | | | | | |
| TOTAL FEE FOR NOTICE OF APPEAL AND EXTENSION OF TIME: <u>\$760.00</u> | | | | | | |
| <p>The fee for the Notice of Appeal and extension of time is to be paid as follows:</p> | | | | | | |
| <p><input type="checkbox"/> A check in the amount of _____ for the Notice of Appeal and extension of time is enclosed.</p> | | | | | | |
| <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>06-1130</u> in the amount of <u>\$760.00</u></p> | | | | | | |
| <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <u>06-1130</u></p> | | | | | | |
| <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> | | | | | | |
| <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> | | | | | | |
| <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. <u>06-1130</u>.</p> | | | | | | |
| <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | |

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